

### The Corporation of the Town of Grand Valley

5 Main Street North Grand Valley, ON L9W 5S6

Tel: (519) 928-5652 Fax: (519) 928-2275

#### www.townofgrandvalley.ca

# **Work Order/Action Request**

To send a written complaint to the Town, save this form to your computer/device, enter your details under Complainant and Complaint Regarding, then resave the form and email it, along with any photos or additional information, to mail@townofgrandvalley.ca

Roll #	Received:	By:	
Complainant:			
Name:			
Address:			
Phone Number:	Other Numb	Other Number:	
Email:			
<b>Complaint Regarding:</b>			
Name:	Address	:	
Lot: Concession: Lo	cation:	_	
Complaint:		_	
Office Use: Assignment Histor	Y		
Date:			
Assigned To: Department:	Assign	ned By:	
Subject:			
Follow-Up Comments and Act	ion Taken:		
RY:	Date:		



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Roll #	Received:	Ву:	
File is OPEN (incomp	lete)		
Follow-Up Undertaken by Investigator:		(use back of page if more space is required)	
Investigated by:			
Name (please print):		Date:	